

THE RELATIVE INFLUENCES

OF

Maternal and Wet-Nursing
On Mother and Child

BY

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New York

	PAGE
I.—Maternal Nursing. Importance to Child	4
Maternal Nursing. Importance to Mother—Its Influence in preventing disease of the pelvic viscera.....	6
Ability of Mothers to nurse.....	11
Influence of Physician and Monthly Nurse in Inducing women to suckle.....	11
Night Nursing. Mixed feeding.....	12
Paramount importance of nursing during first weeks after childbirth	12
Abstinence from suckling one great cause of criminal abortion	14
When should a woman not nurse her child.....	14
II.—Wet-Nursing. Its influence in <i>increasing</i> in- fant mortality.....	15
Mortality among maternal and wet-nursed children compared.....	16
Causes of <i>increased</i> death-rate in <i>foster</i> -chil- dren.....	18
On the transmission of disease by the wet-nurse	25
Syphilis	25
Scrofula	27
Fate of <i>wet-nurse's</i> child	29

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THE RELATIVE INFLUENCES OF MATERNAL AND WET-NURSING ON MOTHER AND CHILD.¹

NATURE has so manifestly declared what should be the food of infants that one might suppose that there would be no occasion for writing on the subject.

The theories of man, however, have so far superseded the natural mode of feeding that it has become a question of great practical importance to every practising physician how to feed a baby.

The reports of the Bureau of Vital Statistics for New York alone prove that the present modes of infant feeding are grievously, calamitously wrong. Of 35,682 deaths in New York City during the year 1885, 9,303, or nearly one-fourth, occurred in the first twelve months of life! During the same year there were, exclusive of still-births, 30,030 children born. The deaths in infants less than one year old were equal, therefore, to nearly one-third of the number of births.

If we inquire into this mortality, we find it chiefly traceable to faulty feeding. If such mortality arose from epidemic influences, there would be immediate and importunate demands for health boards or some organized exertion to check it. But an unnatural and unjustifiable system of infant feeding, which yearly sacrifices thousands of infants, excites but little comment—moreover, it is encouraged by a large number of the medical profession.

In the following pages I propose to show that every attempt to depart from maternal suckling, *even when a hired breast is resorted to*, increases infant mortality.

¹ Read before the Section of Obstetrics and Diseases of Women and Children, New York Academy of Medicine, October 28, 1886.

Very few children nursed exclusively at the mother's breast die during the first year—even in institutions and among the poor in tenements in New York. Very few children artificially fed, in institutions or among the poor, survive the first year. Children put out to dry-nurse by mothers who take the situation of wet-nurses almost invariably die.

In the upper classes, where there is intelligence and good care, with the feeding properly directed, a bottle-fed baby rarely dies during its infancy. It follows, therefore, that the poor, but especially the ignorant poor, should be urged to raise their children at the breast.

In institutions, breast- not bottle-feeding must be had, if attainable. Where intelligent, scrupulous care can be had, bottle-feeding may be undertaken with every prospect of success.

We have for consideration : I. Maternal Nursing ; II. Wet-Nursing.

I. MATERNAL NURSING. 1. *Importance to child.*—According to the last printed report (1882) of the Infants' Hospital on Randall's Island, the death-rate among infants nourished at the breast was less than sixteen per cent., while among those that were bottle-fed it was more than seventy-five per cent.¹

At the Country Home of the New York Infant Asylum (Flushing), during the year 1878, of 37 infants wholly nourished by mothers, none died ; while of 40 wholly hand-fed, 8 died.²

" Out of 37 infants under one year of age suffering with entero-colitis, but 6 nursed exclusively at the breast ; only 1 of the 6 was seriously sick—20 of the 37 sick children had artificial food ; of the 20 thus fed, 16 were seriously sick." ³

In Boston, out of 200 infants with diarrhœa, only 33

¹ These results apply only to artificial feeding, as it is ordinarily done in tenement-houses, in children "put out" to dry-nurse, and in institutions.

² Seventh Annual Report New York Infant Asylum, January, 1879.

³ Fifth Annual Report of the Thomas Wilson Sanitarium for Children, pp. 12, 13. Baltimore, 1885.

were breast-fed, and in 10 of these it was a complication of an acute disease. Among these 33, only 6 were seriously ill, and *none* died.

Out of 69 artificially fed infants with diarrhœa, *where the result was known*, 22 were seriously ill, and 6 died.¹

"In the institutions nearly every bottle-fed infant under the age of four, or even six, months dies in the hot months, while the wet-nursed of the same ages remain well."²

"The mortality of those suckled compared with those hand-fed was as 19.2 to 53.9."³

"Of those that were nursed, 13.5 per cent. died ; of those that were *not* nursed, 42.7 per cent died."⁴

Dr. Denis-Dumont gives mortality of children at breast, 10 in 100 ; mortality of children at bottle, 30 in 100.⁵ He adds : "The mortality among those artificially fed *does not apply to those in favorable surroundings*."

In Munich 7.6 per cent. of those nursed died, while 24.7 per cent. of those hand-fed died. In Bavaria, where a nursing mother is an exception, 50 per cent. die ; while around Kronach, where nearly *all* children are nursed, only 25 per cent. die.⁶

In 1868, nursed by mother, 10.6 per cent. died, while not nursed, 89.4 died ; 1869, nursed by mother, 16.1 per cent. died, while not nursed, 83.9 died ; 1870, nursed by mother, 17.6 per cent. died, while not nursed, 82.4 died. Average nursed by mother, 14.8 per cent. died ; average not nursed, 85.2 died. This out of a total number of 8,329 cases.⁷

At Rheims all are hand-fed, mortality, 60.9 per cent. ; at Lyons all are suckled, mortality, 33.7 per cent.⁸

¹ Archives of Pediatrics, July, 1886, p. 407.

² Smith, J. Lewis : A Treatise on the Diseases of Infancy and Childhood, p. 724. Philadelphia, 1886.

³ Glasgow Med. Jour., May, 1885, p. 333.

⁴ Schmidt's Jahrbücher, Ges. Med., Band 189, p. 51, 1881.

⁵ Denis-Dumont : Archives Gen. de Méd., vol. ii., p. 105, 1867.

⁶ Pfeiffer : Gerhardt's Handbuch, p. 326.

⁷ Journal für Kinderkrankheiten, vol. lvii., p. 196, 1871.

⁸ William Burke Ryan : Infanticide, p. 111. 1862.

Besides the high death-rate which artificial feeding produces, as it is ordinarily carried out among the poor and in institutions, there is another, and not less serious result to be looked to. I refer to its influence on the development, future health, and usefulness of the children so fed.

The report of the Hospital for Children at Manchester, England, shows the injurious influence upon the infant constitution from want of breast-milk. Children who had breast-milk alone to the ninth month, or longer, and some to the age of two years, 62.6 per cent. were well developed, and 14 per cent. were badly developed. Of children fed exclusively by hand there were 10 per cent. well developed, and 64 per cent. badly developed.

Bouchut found that rickets is remarkably more common in children not nursed. This accords with the experience of every physician who sees much of dispensary children in cities. We also find it to be common in children who are nursed too long.

In Swabia 44 per cent. of the Christian children, who are frequently artificially fed, die in the first year of life, while only 8 per cent. of the Jewish children die, who are invariably nursed by their mothers.¹

2. *Importance to mother.—Its influence in preventing disease of the pelvic viscera.* While everyone appreciates the advantages of maternal nursing to the child, many physicians fail to understand the importance, the necessity almost, to the mother of suckling after parturition, so as to insure a speedy and complete recovery. It will be shown that a healthy mother who does not nurse her child prejudices her prospects of a good recovery from her confinement, and is liable to entail upon herself permanent ill-health. A nervous nexus establishes a close sympathy between the breasts and the womb, and the stimulation of suckling, by reflex action, induces

¹ Journal für Kinderkrankheiten, vol. lviii., p. 197, 1871.

uterine contraction. This contraction is promotive of uterine involution. When this reflex stimulus to the uterus is neglected, the retrograde metamorphosis is delayed, and sometimes the organ remains permanently large, with its manifold consequences. Suckling, then, by promoting uterine resolution, becomes preventive, to some extent at least, of uterine congestion, subinvolution, displacement, chronic metritis or areolar hyperplasia, menorrhagia, metrorrhagia, and leucorrhœa, which often follow childbirth.¹

Arrest of involution, delayed involution, and subinvolution are the prime factors in the majority of the diseases of the uterus and its appendages which are now so prevalent.²

In women who do not suckle, the lochia are more abundant and last longer than in those who do.³ Secondary inflammatory processes by extension are also more common in them.

Every form of uterine and pelvic disease is more frequent among women who *do not* than among those who *do* nurse their children. Utero-gestation and delivery are to the mother but half of the process of generation; to complete this process lactation is supplementary, and it is essential in its beneficial influence on her health. That suckling contributes to preserve and promote the

¹ "I have observed that in women who nurse their children the process of involution is generally more rapid and complete. The flow of blood is less toward the uterus and its appendages. Are not the chances of inflammatory action and of morbid products diminished?" (R. Blache: *L'Union Médicale*, p. 950, 1880). "Women . . . who do not nurse their children . . . are extremely liable to congestion of the uterus, . . . and it sometimes is the commencement of a disease the most loathsome, and unhappily the most rebellious, entailed upon woman—cancer" (Bedford, Gunning S.: *Clinical Lectures on Diseases of Women and Children*, pp. 473–74, New York, 1876). "Women who have never nursed their children are more exposed than those who have to chronic affections of the uterus and its appendages" (Brocard, p. 63).

² "In the very large majority of cases of uterine disease the first link in the morbid chain is subinvolution" (Thomas, T. Gaillard: *A Practical Treatise on the Diseases of Women*, 4th ed., p. 219, Philadelphia, 1878). "The most prolific source of areolar hyperplasia, the so-called chronic metritis, is interference with involution of the parturient uterus" (*Ibid.*, 5th ed., p. 312, 1880).

³ "The lochia are less abundant in women who suckle than among those who do not" (Torrent, A. J. C.: *Les Avantages de l'Allaitement Maternel*, p. 8, Paris, 1819). "Lactation lessens the duration and amount of the lochia" (Cazeaux and Ternier: *Obstetrics*, 7th Am. ed., p. 433, Philadelphia, 1884).

mother's health is shown by the fact that many women are more robust and stronger while nursing than during any other period of their lives. Go where you will, the healthiest and the youngest in appearance (where they have been free from worry and anxiety) are women who have borne children and have nursed them. One of the most eminent obstetricians of New York, whose experience has for the last twenty years been exclusively among the upper classes, told me that patients of his who had borne six or eight children, and had nursed them, were all women who looked ten or fifteen years younger than they actually are. The wife of one of the best-known politicians in this country has had twelve children, all of whom she nursed successfully. The lady to whom I refer is as strong and active to-day as a woman of forty.

Women who have backache, headache, local disease rendering their existence miserable, and those who fill the reception rooms of the gynæcologists, are in a large number women who have interfered in some way with the natural process of generation. I have made this the subject of careful study and investigation for years, and further experience confirms my earlier observations. Recently I have had extensive recourse to the experience and the writings of others to corroborate and confirm my own inquiries.

Scanzoni says : " For many years I have noticed, and I can affirm, that nothing more restores the uterus to its normal size than maternal nursing . . . I do not go too far in attributing the frequency of chronic metritis among the wealthy class to the bad custom of not nursing their children."¹

Of 54 women with uterine flexions, having had 196 children at term, only 57 of these children were nursed by their mothers.²

¹ Scanzoni, from Verriet-Litardière: *Les Avantages de l'Allaitement Maternel*, pp. 30-31. Paris, 1873.

² Verriet-Litardière and Scanzoni, F. W.: *A Practical Treatise on Diseases of the Sexual Organs of Women*, 4th Am. ed., p. 109.

Verriet-Litardière (*loc. cit.*) gives the histories of fifteen women who had twenty-nine children. In every one of the twenty-one times in which the mothers did *not* suckle they had, subsequent to first or second menstruation, some uterine or ovarian complaint—leucorrhœa, dysmenorrhœa, pelvic cellulitis or peritonitis, ovaritis, uterine displacement, etc. In nearly every case there was subinvolution. After these twenty-one confinements the menses appeared in four to eleven weeks, generally the seventh week. In the eight times that the children *were* nursed, recovery and health subsequent to confinement was excellent, with no uterine complaint.

The following are instructive cases :

Case 2.—Suckled first child and made an excellent recovery ; second child ditto ; third child died the second day. With first period the woman had pain ; leucorrhœa and dysmenorrhœa followed. On admission to hospital uterus was large, and there was pelvic cellulitis.

Case 5.—First child not nursed ; menses appeared at end of six weeks, accompanied with pain, from which she continued to suffer at subsequent periods. Second and third children suckled for nine and eight months ; health afterward good. Three subsequent children *not* suckled, and the menses returned at end of sixth week. The writer says : “ During these last eight years she has suffered severe abdominal and inguinal pain, with other symptoms of uterine trouble. Examination showed an enlarged anteverted uterus.”

Case 8.—First two children not suckled ; she had much trouble after second confinement from an enlarged displaced uterus. She nursed the third child, with return of health ; gain in flesh ; no leucorrhœa and no abdominal pain as before ; had not menstruated at end of fourth month, and was in excellent health.

Case 14.—Suckled first child two and one-half months ; not the slightest after-trouble. Second child not nursed ; menses appeared sixth week, with pain, etc. Third child died on the sixteenth day ; menses fifth week ; fol-

lowing she had dysmenorrhœa, pelvic peritonitis, uterine displacement.

Case 15. — First two children nursed, and mother continued in good health. Third child not nursed; menstruated fifth week; dysmenorrhœa and leucorrhœa subsequently. Uterus on examination found to be much enlarged, with mucous discharge.

The experience of Dr. René Blache corresponds closely with that of Dr. A. Verriet-Litardière. He states¹ that in 12 observations in which the mothers had *not* nursed their children, and became sick, all regained their health on nursing their later children. Of 20 other mothers who nursed their children, *all* remained free from puerperal diseases. We could follow these 12 cases with the 20 others, all taken among the upper classes. *Not one* of these 32 women had any puerperal accident. *Not one* of them had any serious uterine affection—neither displacement, congestion, hypertrophy, fibroma, peritonitis, ovaritis, nor cyst of the ovary.

Aran states²: "In 70 of 100 uterine cases which have come under my observation, the women have not suckled."

Gubian, Sr., showed³ from numerous observations that unmarried mothers suffered from uterine affections from not having nursed their children, and, on the contrary, mothers of families, who, having nursed their children, had no lesion of the uterus, though among a number of the latter were some women who had had ten, seventeen, and even twenty confinements.

"I have long ago confirmed Aran's assertion," Tilt says, "respecting the frequency of uterine disease in those who do not suckle."⁴

Dr. Vedeler states⁵ that of 38 women who, while nurs-

¹ Schmidt's Jahrbucher, etc., 1881, Band 192, p. 165, and De l'Allaitement Maternel Luc à l'Académie de Méd., November 30, 1880, pp. 7-8.

² F. A. Aran: Traité des Metritis, p. 77.

³ M. Gubian, Jr.: Gazette Méd. de Lyon, 1867, p. 48.

⁴ Tilt, Edward John: London Lancet, August 12, 1876, vol. ii., p. 217.

⁵ Schmidt's Jahrbucher, 1882, Band 193, pp. 42, 43.

ing their children, had retroflexion of the uterus, only 5 had objective changes that could be ascribed to the flexion.

Duges, physician of the Maternity Hospital of Paris, states¹ "that in an epidemic of puerperal fever, which had many victims in his wards, women who nursed their children alone escaped the influence of the epidemic."

Ability to nurse. It is said that many women living in cities and large towns are too delicate to suckle, that their milk would be insufficient, and that the health of both mother and child would be injured.

A. Schoeff-Mereri, in a communication to the *British Medical Journal*² on the histories of upward of eight hundred nursing women with nurslings, stated that there was "abundant milk in thin and delicate constitutions. Some of the women were very healthy, not in the least affected by suckling, and the milk had excellent effects."

It has been shown that lactation does not induce anæmia, as has been generally supposed. "In a perfectly healthy nursing woman, with good hygienic surroundings and abundant nutritious food, the number of red blood-globules is not diminished."³

Influence of physician and monthly nurse in inducing women to suckle. The proportion of mothers who nurse their infants depends largely upon the influence exerted over the patient by the physician and the monthly nurse, in charge. For instance, obstetricians whose practice has been exclusively among the upper and middle classes have given me the following figures with regard to the proportion of women who in their practice have nursed their babies. One physician stated that not more than 1 in 10 nursed; two, 1 in 5; three, 1 in 4; one, 1 in 3; one, 1 in 2.

One of the oldest and best-known obstetricians of New York, and one whose practice for the past twenty years

¹ Brocard: L'Allaitement Maternel, p. 51.

² February 20, 1858, p. 153.

³ Observations with the Hæmacytometer upon the Globular Composition of the Blood and Milk, Cartwright Prize Essay, 1881.

has been exclusively among the wealthy classes, told me that nineteen-twentieths of his patients nursed their children. One nurse of large experience tells me that about one in five of her patients nurses the baby. Another has had twelve patients in succession among the upper and middle classes, all of whom have suckled. Still another example is that of a widow, who has had children of her own and nursed them, and who has for the past twelve years been an obstetric nurse among the upper classes, and has never had a patient who could not nurse successfully.

On the other side, a monthly nurse who has been much employed by physicians who recommend wet-nursing will almost invariably succeed in inducing a young mother, with her first child, to engage a wet-nurse. I have become so positive of this that I never have a woman with such a propensity care for a patient of mine in her first confinement.

Night nursing. One of the reasons why so many mothers have an insufficient milk-supply is the exhaustion consequent upon night nursing. Women of average health and robustness, living in cities and large towns, should not attempt to nurse at night, nor even have the child in the same room with them. This will insure their having the necessary eight or nine hours of uninterrupted repose and refreshing sleep. This ought to be an invariable law, and cannot be too strenuously insisted upon.

With good hygienic surroundings, invigorating open-air exercise, exposure to sunlight, early hours, and abundance of nourishing food before confinement and during the lying-in period, most women not actually diseased can supply part nourishment, at least, for their infants.

Mixed feeding. The deficiency may be made up by judicious hand-feeding. The notion that breast- and bottle-feeding should not be alternated, or combined, is not founded on fact.

Paramount importance of nursing during first weeks.

Even where a mother's health will not permit her to nurse her child up to the usual time for weaning (eight to ten months), it is *peremptorily* important that she should do so during the period of uterine involution—this process of resolution occupies from six weeks to two months. We have already seen that suckling during this period is not only preventive of immediate accidents to the mother, but also of chronic, incurable disease.

Out of 575 confinements at the dispensary at Lyons, France, there was only 1 death. The Committee on Confinements, in their report, state: "It is, indeed, remarkable that the dangers due to confinements, and especially embolism, rarely occur except during the first three weeks."¹ In case of some hindrance to lactation, the committee think it important to induce the mothers to nurse their children fifteen days, or three weeks, on account of the beneficial influence that the flow to the mammary glands has to prevent congestion of the pelvic organs.

Charles West says: "The mother who nurses her little one, even for a month, avoids thereby almost half the risks which follow her confinement."²

It is precisely at this time, also, that the tender age of the child renders the mother's milk most necessary for its safety. Infant mortality is greatest during the first months of life.

The following figures show the high death-rate in infants during the first two months, and consequently the great risk incurred by a precarious mode of feeding, and the importance of giving the child its natural nourishment during this critical period.³

	Death-rate per 1,000.
One month and under.....	792.24
One month to two months.....	346.69
Two to three months.....	216.70
Three to four months.....	193.36

¹ Report of 575 Confinements by the Committee of the Dispensary at Lyons, *Gazette Méd. de Lyon*, 1867, pp. 47, 48.

² *The Mother's Manual of Children's Diseases*. London, 1885.

³ Paper on Infant Mortality, Report of Boston Board of Health, p. 53, 1876.

Of 100,000 children, 13,825 died during the first three months, and 3,649 during the succeeding six months.¹

3. *Abstinence from suckling one great cause of criminal abortion.*—Another consideration of supreme importance which ought to induce physicians to pertinaciously urge mothers to suckle is its influence in preventing frequent pregnancies and abortion. Conception rarely occurs in a nursing woman who does not menstruate. If the patient has given due attention to hygiene and diet, and her health is kept vigorous, menstruation is almost always checked for several months during lactation.

Of 1,327 women, only 125 (9.5) menstruated while nursing. Of these, 40 were married and 85 not married. Among the latter, at least, it is reasonable to presume that many had insufficient care.

Of 312 multiparous nurses, 18 menstruated during first six months; 18 during first six to eight months; 22 during first eight to ten months; 29 during first ten to twelve months; 28 during first twelve to fifteen months; 197 did not menstruate till after fifteen months.²

Those who do not suckle generally have frequent pregnancies, and this is one of the causes of a crime not very uncommon around us—abortion. In the days when a mother who did not suckle was the exception, abortion was almost unheard of. Even now, in any locality where mothers, as a rule, nurse their children, abortion is rare. In localities where wet-nursing and artificial feeding are the prevailing modes of bringing up children, it will be found that women frequently solicit abortion.

4. *When should a woman not nurse her child?*—There are, however, many cases in which a woman should not nurse her child. Pulmonary phthisis, well-marked scrofula, and cancer are contra-indications to nursing; an epileptic mother must not suckle her child; and women who are of a nervous temperament and are easily ex-

¹ Deschamps, T. A. : De l'alimentation de la première enfance et du Rachitisme, p. 29. Paris, 1859.

² Archives Générales de Méd., Paris, 1855, vol. ii., p. 613.

cited will frequently have to be induced to give up nursing. When it is clearly shown that the mother's milk disagrees with the child, she should abstain from suckling ; but not until every effort has been made to alter and improve the quality of the milk, such as attention to kinds of food and drink used by the mother, change of scene and air, tonics, and perhaps dilution of the breast-milk by giving to the infant barley- or lime-water just before nursing. If all these are tried and found unavailing, then artificial sources should be resorted to. Acute illness of the mother does not always necessitate separating the child from the breast. I attended a patient with a severe attack of acute articular rheumatism, which in time involved nearly every joint, and lasted several weeks, and her infant was nourished from her breast only, during the entire period, and he remained in excellent health. I have seen two mothers ill with diphtheria nurse their children—one four, and the other seven and a half months old—and these children did not contract the disease, and both thrived. In all such cases, however, it is advisable to take the child from the breast, if the mother will consent to it ; and it is the duty of the physician to apprise her of the danger incurred in suckling the child ; but we should not be too persistent, nor have the child separated from the mother in violation of her continued determination to exercise her sacred privilege, even at her own risk.

These cases do not in the slightest conflict with the law that the great majority of women can and should suckle their own offspring. It follows that it is incumbent upon the physician to instruct every mother that, for her own safety during the lying-in period, and for the sake of her future health, she ought to nurse her child. It is a duty which she owes to her family as well as to herself.

“ Accuse not nature, she hath done her part ;
Do thou but thine.”

II. WET-NURSING.—1. *Its influence in increasing infant mortality.*—When a mother cannot nurse her child,

shall we recommend it to the perilous care of that most remarkable and incomprehensible of creatures, the wet-nurse ; or shall we have recourse to that method over which we have complete control, of which we can have no distrust, and which involves no hidden ways—hand-feeding ? In New York physicians generally recommend the former.

Wet-nursing is a many-sided subject, and it has not received that conscientious consideration which its importance demands. In the first place, the employment of a wet-nurse, and the consequent desertion of two children by their proper mothers, is the main cause of the high rate of infant mortality. Wet-nursing, in its influence on infant mortality, is a two-edged sword, as the probability of death during the first year of life is materially increased in both the *foster-* and the wet-nurse's child. One would naturally suppose that the health and life of an infant would be equally safe, whether nursed by its own mother or by a healthy wet-nurse ; but the following pages will show that this is not the case.

Mortality among maternal and wet-nursed children. Below will be seen the results of maternal *versus* wet-nursing in 422 infants, covering a period of five years ; Mortality among infants nourished by mother, 16 in 100 : mortality among infants nourished by wet-nurse in family, 28 in 100.¹

Later observations, from 1872 to 1879, on 600 infants : Mortality among infants nursed by mother, 10 in 100 ; mortality among infants nursed by wet-nurse in family, 26 in 100.²

In Montpellier, France : Mortality among children nursed by mother, 10 in 100 ; mortality among children nursed by wet-nurse in family, 15 in 100.³

Süssmilch says that the mortality among children

¹ Bull. Acad. de Méd. de Paris, 1880 (2d series), vol. ix., p. 571.

² Ibid., 1880 (2d series), vol. ix.

³ De l'Alimentation Vicieuse dans ses Rapports avec la Mortalité de la première enfance, p. 36. Montpellier, 1878.

nursed by the mother and those nursed by a wet-nurse is as 3 to 5.¹ Ullersperger differs but little from Süssmilch in his conclusions. He says that the mortality among children nursed by the mother and those nursed by a wet-nurse is as 4 to 5.

In Paris: Mortality of infants nursed by mother, 10 in 100; mortality of foster-children placed and watched over by Directory of Nurses, 1839-58, 29 in 100;² mortality of foster-children placed and watched over by Directory of Nurses, 1859-64, 33 in 100.³

In one of the foundling hospitals of France: Mortality of children nursed by their mothers, 6 in 100; mortality of children nursed by workhouse nurses, 36 in 100.⁴

A confirmatory fact applies to 6 twins (twelve children): 6 were nursed by their mothers, and all did well; 6 were wet-nursed—3 died, and of the remaining 3, 2 at twelve months were looking puny and delicate, as if they could not live long, the 6th was quite healthy.⁵

The results from different foundling asylums, compiled by Friedman, show the following: If nursed by mothers, 18 in 100 die; if nursed by wet-nurses, 30 in 100 die.⁶

In Lyons, France, children nursed by their mothers, the mother receiving aid from city authorities, 21 in 100 die; children given out to nurse and watched over, 35 in 100 die.

“Dr. Benoiston de Châteausneuf has shown that the mere substitution of a hired wet-nurse’s for a mother’s milk increased the mortality 10.6 per cent.”⁷

This increased death-rate in foster- over maternal-nursed children does not reveal all the evil done to the wet-nursed baby. His future health and development are affected thereby. “These children [nursed by

¹ Gerhardt’s Handbuch, p. 326.

² De l’Alimentation Viciieuse dans ses Rapports avec la Mortalité de la première enfance, p. 36. Montpellier, 1878.

³ Dr. Denis-Dumont: Archives Gén. Méd., vol. ii., p. 105, 1867.

⁴ C. H. Routh: British Med. Journal, February 6, 1858, pp. 104, 105.

⁵ Ibid., Jan. 16, 1858, p. 50.

⁶ Journ. für Kinderkrankheiten, vol. lii., p. 163.

⁷ London Lancet, October 24, 1857, p. 421.

mothers] were incomparably better-looking and healthier than those who were intrusted to wet-nurses."¹

2. *Causes of increased death-rate in foster-children.*—It has been distinctly and definitely proved that there is a higher death-rate among wet-nursed babies, even under the most favorable circumstances, than there is among those who have had the care of their mothers. To one who has attentively observed the devious and irregular methods put into practice by nineteen-twentieths of these women, there is ample explanation of this increased mortality. The milk of a hired nurse, whose passions, emotions, nervous organization, and whole constitution are totally different from those of the mother, often proves to her child an unwholesome diet. While the milk of a wet-nurse may agree perfectly with her own offspring, it does not follow that another child will thrive upon it. He frequently suffers from indigestion, colic, and other disorders.

Andral, Soemmering, and others have related curious instances in which the milk of a nurse is well digested by her own children, and not by others.

Andral relates that "the milk of a woman who suckled her own children without inconvenience, produced convulsions in other children."²

"The milk of a woman, which agreed very well with her own children, caused convulsions to others who partook of it" (Soemmering).³

"The milk of a woman may be perfectly good for a particular child and exceedingly bad for another."⁴

"A lively-looking, stout child, with firm muscles, and fat, cannot certainly have been fed on bad milk; but you must not imagine that the foster-child of such a nurse will likewise become strong. The individual peculia-

¹ Report on 575 Confinements of the Dispensary at Lyons, *Gaz. Méd. de Lyon*, 1867.

² Andral: *Leçons Orales*. Bouchut, p. 74.

³ Soemmering: *Elements of Health and Principles of Female Hygiene*, p. 41. Edward John Tilt, M.D. London, 1852.

⁴ Trousseau's *Clinical Med.*, vol. ii., p. 466. Philadelphia, 1873.

rities of children play an important part in this respect, and often upset all prophecies and all calculations, however reasonable they may appear."¹

"It is an often-observed fact that the child of a feeble mother will prosper at the maternal breast and grow excellently, while a strange child . . . would thrive under no circumstances."²

Every physician who has had much experience with wet-nurses, and has been in the habit of jotting down his observations on them, has noted many, if not all, of the incidents here related.

Wet-nursed babies are usually colicky, have irregular bowels, and restless nights, when not tampered with. This is one reason why many nurses have to be tried in succession, but what becomes of the poor baby who is nursed by a dozen nurses in as many days, all of whose milk disagrees with him? "It is seldom that the first nurse suits. Often a large number have to be tried. I know of an instance where a change had to be made thirteen times in two weeks."³

There appears to be a general impression among physicians that it is a matter of indifference how frequently the wet-nurse is changed; some practitioners say that they would discharge a wet-nurse as they would any other servant. It is a common saying that you may with impunity have a "new one every day in the week, and two on Sunday." In the individuality of woman's milk, in the idiosyncrasies of the child, and in the change of nurses, we have, then, some explanation of the augmented mortality in foster-children.

Mental condition of wet-nurse. Most authorities recognize the influence of violent emotions in a woman giving milk upon a nursing child. The following incidents will show how grief or other mental disturbance will affect the mother's milk. I was asked to go in great

¹ Kehr: German Clinical Lectures, pp., 362, 363.

² Vogel, Alfred: The Diseases of Children, p. 31. New York, D. Appleton & Co., 1885. ³ Cleveland, C.: New York MEDICAL RECORD, May 3, 1884, p. 485.

haste one evening to see a dispensary child, whom the mother believed to be dying. While in this distressed state she placed her eight months' old infant to her breast; the baby had been perfectly well up to the moment of the mother's nursing it. While nursing it had a convulsion, and when I arrived to see the older child the infant was dead.

Another case is that of a child of Mrs. M——, the mother of seven children, all born healthy. When the last child was twenty-four hours old Mr. M—— died suddenly. The first time the infant was placed at the mother's breast after this sad occurrence it had a convulsion, and has been subject to them ever since. The six other children are living and are well. All were nursed by the mother; none of them ever had a convulsion. Family history good in every detail.

One Sunday afternoon I was hastily summoned to a child in convulsions. Upon entering the room I saw the child on its mother's lap, the convulsion having subsided; it appeared well, and a careful examination elicited no cause for the convulsion. The spasm had come on immediately after nursing. I told the mother that her milk was the cause of the fit; further inquiry brought out the fact that, immediately before nursing, the husband and wife had quarrelled.

A nursing woman, then, should be of a contented and cheerful mind, as that which frets or excites her will morbidly affect her milk. How much more apt is a wet-nurse, who usually is an unmarried woman from the country, home-sick, and looked down upon by the servants of the house, to have a sudden change of temper and her milk to be injurious to the nursling.¹

She is apt to have frequent disputes with the other

¹ "Often have I been astonished, after choosing nurses with abundance of milk, to find the secretion cease a few days after having given up their own child for a strange nursling" (Cazeaux, *Theoretical and Practical Midwifery*, p. 1,066, Philadelphia, 1869).

servants, and after such disturbances the baby has colic, restlessness, and sometimes convulsions.¹

Beside the novelty of the nurse's new surroundings and her most unnatural position, if her child is living, and she is possessed of one spark of moral feeling, she is constantly a prey to anxiety on its account.

This state of mental depression must alter the quantity and the quality of the lacteal secretion.²

Many a sleepless night of unknown origin, many attacks of vomiting, diarrhoea, and colicky pains have as their source some mental disturbance in the nurse, who is wholly unsuspected as the cause.³

Influence of food and habits of wet-nurse. We select for a wet-nurse a strong and robust-looking woman, generally from the country, one who has previously been accustomed to hard work and fresh air and whose diet has been most simple. Suddenly she is transposed from a life of toil to one of comparative inactivity and confinement, usually to a close and overheated room, with an abundant supply of food, largely animal, and often an allowance of wine or porter, in order that there may be a copious flow of rich milk. The natural result is that the woman eats and drinks to excess, and this, in connection with her idle life tends to produce not a healthy, but an unwholesome fluid.

¹ "It is a fact that those children who drink at the breast of a wet-nurse who is mentally excited soon after begin to cry violently, suffer from colic, get diarrhoea, and are sometimes attacked by convulsions" (Vogel, p. 37, D. Appleton & Co., New York, 1885).

² "Under sudden and violent emotion, the secretion of milk may actually become as poisonous as it does in malignant puerperal fever, producing at once the death of the infant. . . . *A slower process of mental depression, however, will not be less injurious or fatal in the long run*" (Routh, *Medical Times and Gazette*, May 21, 1859, p. 495).

³ "I was sent for in great haste to see an infant in a convulsive fit, and on inquiry found that the nurse who was employed to suckle the infant had been guilty of some misconduct, for which she had been severely reprimanded. Soon after this mental agitation the infant was suckled by her, and that occurrence was followed by the convulsive attack referred to. The late Sir Richard Croft, who had the immediate care of this child, informed me that he had *frequently* known similar cases" (Mr. Wardrop, in *London Lancet*, July 20, 1833, p. 522). Baumes remarks that he was informed by one of his professional brethren that his child died suddenly of convulsions after having been suckled by a woman who had been violently exasperated (North, John, *Convulsions of Infants*, pp. 98, 99, London, 1826).

It has been proved that the sedentary life of the nurse alters the chemical properties of her milk, that instead of being neutral or alkaline, it becomes excessively acid, as does the milk of stall-fed cows.¹ The skin and liver of the nurse become torpid, her bowels constipated, and her lacteal secretion contaminated with waste matters.

It has been shown that the rate of infant mortality is less during a time of trade panic, when provisions are high—but not deteriorated in quality—employment scarce, and wages low, than it is during an epoch of prosperity and abundance.

“Faulty diet and repletion, together with the intemperance of parents, both in eating and drinking, are much more pernicious in their effects upon infantile health and life than the spare and simple regimen which straitened circumstances impose.”²

A mercenary nurse is usually so anxious to keep her situation that she is generally the first to perceive that the child is not thriving, and she is apt to give artificial food surreptitiously, or, finding that she has insufficient milk, or that it disagrees with the child, making it fretful and restless at night, it is more than probable that she will fall back upon another of the evils of wet-nursing—the artful use of stimulants.

Stimulants and narcotics. One would suppose that neither of these devices could be resorted to without a watchful mother detecting it at once. The following instances show, however, that such a thing can occur: A young woman, obtained from the New York Maternity Hospital, was with Mrs. R—— as wet-nurse for four months. During this time the family physician told the parents that he suspected her of using stimulants. The mother thought the suspicion groundless, until one day, after having received her wages, the nurse went out and became so intoxicated that she was arrested. A similar

¹ Journal des Connaissances médico-chirurgicales, 1839, De l'Alimentation de la première enfance et du rachitisme, Paris, 1859, p. 33.

² Med. Times and Gazette, 1863, vol. i., pp. 106, 107.

case occurred in Dr. M——'s family in this city. The nurse was from the first month suspected of using stimulants, but nothing could be proven against her until she had been in her situation six months, when she came home one night very much inebriated.

This practice of the nurse taking stimulants and then placing the child to the breast, is more common than is generally supposed. There can be no doubt that alcoholic stimulants, in any form, injure a young child; when taken by the nurse they are, in effect, administered to her nursling, and it will at once fall asleep. Vernay relates a very striking case of the mischievous consequences which may result from the abuse of wine-drinking in a nursing woman. A child was taken with convulsions, and during five days every possible means was uselessly employed to relieve it. Vernay learned that the nurse drank six or eight glasses of French wine during the day, and often several more at night. The convulsions ceased as soon as she was no longer allowed to drink wine.¹

Dr. Amarion cites the case of a child, three weeks old, who had convulsions without discoverable cause. After careful investigation by the physician, it was shown that the wet-nurse secretly drank four bottles of wine daily. The physician had the nurse watched, and allowed her only half a bottle of wine, and one bottle of beer a day. After a few days the child was entirely well.²

A similar case came under my observation, where all the symptoms of excitability in the child disappeared after the woman was taken to the country, where she could not obtain stimulants.

"On one melancholy occasion I was called out to see a lady's *dhye*,³ who was taken ill; indeed, she was supposed to be dying of the cholera. When I arrived I found the woman in a state of inebriation. She was a

¹ Am. Jour. Obstetrics, 1873-74, vol. vi., p. 676, from Lyon Médical, 1873.

² Central Zeitung für Kinderheilkunde, 1877, p. 38.

³ An Indian nurse.

wet-nurse to a lovely infant, who was taken suddenly ill on the following morning, and died a few hours after.”¹

Opiates. “We have known,” says Dewees, “a number of cases where laudanum was administered with so much cunning as to elude detection for a long time, even after suspicion had been excited.”²

The author then relates the following striking instance: On visiting a child, nine months old, he noticed the sleep to be that of opium. The mother and nurse both asserted that the infant had had no opiate of any kind. The nurse was never for a single instant alone with the child. When the mother left it, she placed a young woman in the room—this person had never seen the nurse give the child anything. Dr. Dewees, still confident that an opiate was given, requested the mother to make an examination of the nurse’s pockets when she was asleep. The result was the finding of a small vial of laudanum in a pocket made within the larger one, for the express purpose of holding it. The young woman had seen the nurse apply this vial to her nipples every day, and had been told by the nurse that it contained tincture of myrrh, which she used to harden them.

Recently I saw in consultation a wet-nursed baby, seven months old, with obstinate constipation, there having been no movement on one occasion for ten days. Everything had been tried with no effectual relief. After careful questioning I became convinced that it had been given some preparation of opium by the wet-nurse, as the constipation dated from the time of her appearance in the household, when the baby was about a month old. Directions were given that the nurse should be watched, and never left alone with the child. There was no recurrence of the constipation after this.

I have seen many a wet-nursed child treated by excellent physicians for liver complaint, or for derangement

¹ Corbyn: London Lancet, September 12, 1828-29, vol. ii., p. 760.

² Dewees, Wm. P.: A Treatise on the Physical and Medical Treatment of Children, pp. 57, 58, 59, first edition. Philadelphia, 1825.

of the stomach, where the nurse alone has been responsible for the symptoms, having given spirits or opiates to the child.

Apropos of this, Keating says of the wet nurse: "She must be watched and guarded as the sacred cows of India ; watched in her diet, in her habits, in the control of her feelings." ¹

I do not doubt that the wet-nurse, in her ignorance, finds reasons sufficient to her conscience for administering these poisons to her foster-child. Is she more to blame than the woman who has robbed her child of its mother's bosom, and left it to die of neglect and starvation ?

On the transmission of disease by the wet-nurse. In choosing a wet-nurse it ought to be known from personal and family history if there is any disposition to mental derangement, scrofula, consumption, cancer, or syphilis. These diseases are hereditary from parent to offspring, and they may be conveyed to the nursling through the milk. Every ramification of the nurse's family should be made familiar to the physician who takes the responsibility of recommending her. It may be said that a physician can detect the presence of these diseases. One who is about to furnish a patient with a wet-nurse may claim that he has learned her history clearly, fully, and accurately from the doctor who attended her in her confinement ; but the following instances refute this :

Physicians who have been connected with the Maternity Hospital, on Blackwell's Island, tell me that women who are not allowed, on account of disease, to go from there as wet-nurses, have frequently, to their personal knowledge, obtained such positions through agencies for wet-nurses in the city.

Syphilis. I recall several striking instances of this kind ; one, that of a syphilitic woman, who brings her infant, suffering from congenital syphilis, to my clinic at

¹ The Care of Infants, p. 25. Philadelphia, 1881.

the Demilt Dispensary. She is generally accompanied by her foster-child, whom she obtained, from a public institution in New York, immediately after the death of her first-born child. A proof that the woman had syphilis when she procured the child to wet-nurse, is that the little girl does not now contract it from being in contact with the infant, who has the worst form of syphilis—mucous patches, etc.

A physician, connected with a public institution in New York, furnished me with the following particulars: He treated a woman for syphilis, who, after the disappearance of outward symptoms, discontinued treatment. Later, she came to him for a letter recommending her as wet-nurse, which he refused to give, explaining that she would endanger the life of a nursling. Some weeks after, she reappeared, bringing with her a child she had obtained from a hospital to wet-nurse. These women had been examined, and were selected as healthy wet-nurses by physicians who are, by training, experience, and skill, as competent as any in this city to detect syphilis in a nursing woman.

Syphilis contracted during pregnancy may leave no mark or symptom by which it can be detected. I am constantly seeing mothers of syphilitic infants who give no history of syphilis, have never had any outward manifestation of the disease, and in whom the most thorough examination will not bring to light any evidence of previous or existing disease. These mothers nurse their own infants with impunity. An infant does not commonly present any symptom until a month or six weeks after birth, and during this period any physician is liable to select its diseased mother as a suitable and healthy wet-nurse. A child with such a foster-mother is ill-nourished, anæmic, feeble, with flabby muscles and a listless expression, and sometimes the healthiest infant born will gradually atrophy and die.

Dr. Donné relates the following instance: "A certain family had taken all the ordinary precautions to procure

a good nurse for a first-born child. The woman was young, ruddy, and apparently in perfect health. At the end of one month several pimples were observed on the child's body." The child had syphilis, from which it ultimately perished.¹

Professor J. Lewis Smith says : "Constitutional syphilis is common in the class of women who present themselves for wet-nursing ; it is often latent, or its symptoms are easily concealed, and it is communicable by lactation. The cases which have accumulated in the records of medicine are numerous in which infants, born of healthy parents, have been fully syphilized by lactation from diseased nurses."²

Scrofula. A scrofulous nurse will generally taint her charge, and it will not thrive ; yet many scrofulous women, or those of a scrofulous family, are selected as wet-nurses.

In the spring of 1884 a young woman, with the following remarkable history, came to my office to be treated for a scrofulous neck : About two years and four months before coming to me for treatment she gave birth to a child which died when five weeks of age. She then became wet-nurse to a baby whose mother was ill. At the end of six weeks, the mother having recovered, the nurse was discharged. A second situation was secured, where she nursed a baby for eleven months, when it died. A third position was easily obtained ; here she nursed the baby thirteen months, when it too succumbed. Of four children nursed by this woman only one survived, and this one was returned to the breast of a healthy mother after six weeks of separation, owing to an acute illness. This woman acted in the capacity of wet-nurse for two years and three or four months after one pregnancy. Her milk was fourteen to fifteen months old when she went to her third foster-child, an infant aged a few days. Her cervical glands were much enlarged during the entire

¹ Mothers and Infants, Nurses and Nursing, by Dr. Donn , p. 104, Boston, 1859.

² J. Lewis Smith : Sixth edition, 1886, p. 45.

period. She had been examined by four physicians, two having examined her before she went to her second situation. Not *one* of these physicians, nor *one* of the families, ever *suspected* that she had scrofula. The deceptive creature told me that she had always taken great care so to dress her neck that the swellings could not be seen. She was most anxious to be "cured quickly," before her milk dried, that she might continue wet-nursing! I asked her how she would manage about the age of her milk, as no one would employ her to nurse a young baby? Her reply was that she could borrow a baby from some acquaintance!

In June, 1884, baby N——, aged eight weeks, was brought to me at the Demilt Dispensary, gradually dying from scrofula and starvation; the mother was a wet-nurse in a family who lived on Fifth Avenue. Baby N—— died about three weeks after I first saw her, and I have since learned that the unfortunate foster-child subsequently died also.

In these cases there certainly was scrofula, which was not detected by the physicians who selected the wet-nurses. Dr. Donné says: After having selected a nurse, a model in appearance, coming from one of the healthiest families—a nurse to whom one of the most celebrated physicians of Paris had entrusted one of his children, and who had nursed another in a good family—after having received the assurance that she did not have upon her body the slightest trace of any affection whatever, there were found, on examining her, three scrofulous scars on one of her limbs; *and this is nothing in comparison with other examples much more to be dreaded.*¹

In consideration of the ease with which these women obtain the situation of wet-nurse, and the carelessness with which many physicians recommend them, there must be many who are either grossly ignorant of the risks incurred by wet-nursing or shamefully indifferent to them.

¹ Mothers and Infants, Nurses and Nurslings, p. 63. Boston, 1859.

Fate of wet-nurse's child. What becomes of the child that is thus deprived of its birthright? It is very difficult to obtain information regarding this question. The subject has not received the attention which it deserves, for the reason that those who are most and directly concerned will not, or dare not, consider it. Not one of the institutions in New York City from which wet-nurses are obtained is prepared to furnish definite statements, but by patient investigation much may be learned. I have had a large experience with these children at the Demilt Dispensary and at the University Medical College; all have been followed to their homes, and all have died. Not *one* child of a wet-nurse that has come under my observation at these institutions has survived the first few months. These cases are numerous, and their appearance has become to me so singular and so striking that I have, in many instances, as they were brought into the examining-room, pointed them out to physicians present "as a wet-nurse's starved baby." In each case the history has borne out the opinion thus cursorily formed, and the observation, "that death would be its fate," has in every instance proved lamentably true.

That mine has been the experience of others is shown by the following: In February, 1854, two ladies made inquiries of a leading physician as to the fate of wet-nurses' infants. His answer was: "As a rule, all infants of wet-nurses die, and generally from neglect."¹

W. Tylor Smith said: "Recalling my own experience as an obstetric physician, I can scarcely remember an instance, in the course of twenty-five years, of the child of a wet-nurse, who was a single woman, living beyond infancy."²

Dr. Clarke says:³ "In some families six, in others eight, wet-nurses had lost their own children."

¹ Thirty-second Annual Report of the Nursery and Child's Hospital, p. 13. New York, 1886.

² Proceedings of Harverian Society regarding Infanticide, British Medical Journal, January 12, 1867.

³ Commentaries on Children's Diseases, by Dr. John Clarke.

The following interesting history has just come to my knowledge. Four healthy children were born to a woman. She nursed the first and third child ; they are both living and are well. The second and fourth child she put out to nurse, while she took the position of wet-nurse ; the one lived two months, the other three weeks, after it was deprived of its mother's breast.

Below is given a clear case of deliberate infanticide. "Not long ago a mother left us to nurse in a private family. Her child, unusually strong and healthy, left the institution, and was given to the ignorant and superstitious care of a woman so foreign to our ways that she could not even speak our language. Her abode was a rear tenement-house. The child lived a week, dying from an ailment the cause and chief danger of which depended upon faulty feeding."¹

I myself know that this method of infanticide is put into practice in New York many hundred times annually. Many wet-nurses who apply at agencies have been confined by midwives who keep lying-in-establishments, and are sent out as wet-nurses by these women to earn money to pay the expenses of confinement. The children are left at the mercy of these heartless hags who desire their death. Numerous instances of this kind have come under my observation.

According to the last printed report of the Infants' Hospital on Randall's Island (1882) there were 263 children that were nourished at the breast, of whom 41 died during the year ; and there were 375 that were bottle-fed, among whom there were 286 deaths. In the former the death-rate was less than 16 per cent., and in the latter over 75 per cent. Though all the mothers of these hand-fed babies were not wet-nursing, many of them were. In 1874 the deaths in Tours, France, in wet-nurses' children deprived of breast-milk, was 87 per cent. Dr. Carpenter, of Croydon, England, in the *Public Health Journal*, 1873,

¹ Annual Rep., 1886, of an Institution in New York, p. 45.

says that 90 per cent. of the children which are put out to dry-nurse by wet-nurses die after a few weeks of hand-feeding. The published mortality of foundlings in the Philadelphia Almshouse, a few years ago, was 100 per cent. ! At the State Almshouse, Mass., the death-rate among infants deserted by their mothers sometimes amounted to 90 per cent.¹ Dr. Routh, in speaking of an infant nursery where the children of wet-nurses were taken to be dry-nursed, says: "The mortality was certainly four out of five, if not more."² In the Grey Nuns' Foundling Hospital at Montreal 73 per cent. died in 1860.³

The following is an instance of the deplorable results of wet-nursing: In the Department of the Gironde are two communes under similar hygienic conditions. In one the mothers suckle their own children; in the other a number of mercenary wet-nurses take in children from Bordeaux in large numbers to wet-nurse. In the first the mortality is thirteen per cent., in the last it is eighty-nine per cent.⁴

It is a noteworthy fact that during the siege of Paris, 1870-71, when it was impossible for wet-nurses to go from the country into the city, the death-rate in infants in the country fell from thirty-five to seventeen per cent., on account of the wet-nurses being obliged to remain at home, thus attending to their own children.⁵

The wet-nurse's child, then, usually lives in a starving condition until death releases it from its miserable existence. As many physicians know, the heartless creature often witnesses the gradual languishing and final death of her child; she knows the cause and the remedy, but is unmoved. The unnatural mother, who by force of her purse has robbed this dead infant of its birthright,

¹ Report of Massachusetts Infant Asylum for 1879.

² British Medical Journal, January 12, 1867, p. 31.

³ Ibid.

⁴ The Sanitary Care and Treatment of Children, and their Diseases, p. 128 Boston, 1881.

⁵ Gerhardt's Handbuch, vol. i., p. 29, and Nouveau Dict. de Méd. et de Chir., p. 169, Paris, 1877.

turns to its mother and comforts her by saying that "the poor little thing is better off." But has anyone a right to make himself responsible for the death of a defenceless infant? Do not the people who employ wet-nurses instigate and encourage this stupendous crime?

If these foundlings do live in spite of being neglected and mismanaged, their constitutions are often irreparably injured, and in time they become a public charge.

That wet-nursing weakens the constitution of our adult population is shown by the following instances: At Château-Chinon, France, where the mothers go out as wet-nurses, thirty-one per cent. of the recruits for the Franco-Prussian war were found unfit for military service; while at Nevers, where the mothers nurse their own children, only seventeen per cent. of the recruits were unfit for service.¹

If the investigations of others verify these statements this despicable evil should be checked, for "society ought to watch over children with the anxiety of the father of a family."

Moral objections; influence on wet-nurse. A large proportion of the women employed as wet-nurses in New York are single women, and from the country. After an investigation extending to all the agencies and institutions from which they are obtained, and inquiries of physicians and monthly nurses, I am sure that more than four-fifths are from the country, and nineteen-twentieths, at least, of all wet-nurses are unmarried.

Some people think that the influences and surroundings of a virtuous home will bring these fallen women back to a sense of morality. But is the comparatively short period during which every luxury, comfort, and flattery are poured upon them calculated to work reform upon creatures in whom weakness of character is their very life? How can these women believe that the families who employ them care for their moral condition,

¹ Jahrbuch für Kinderheilkunde, p. 93, 1881.

when they have no regard for the lives of their children? The following incidents show the indifference to infant-life which these circumstances create. My friend, Mrs. A——, seeing Mrs. W——'s baby being nursed by a wet-nurse, she turned to Mrs. W—— and asked her where the foster-mother's baby was? "Oh, it died—fortunately," was the light reply.

My friend, Dr. E——, has given me these details: The mother of a healthy infant went as wet-nurse in the family of Mrs. G——. Three weeks later the wet-nurse's child was suffering from inanition. The family being notified, they refused to take any interest whatever in the child whose life-blood was being drawn by their own babe, even refusing to furnish medicines and proper food.

A woman brought a baby, aged one month, to the Demilt Dispensary, October 22d, for treatment. Its mother is a wet-nurse in the family of Mrs. K——, Madison Avenue. The baby was suffering from congenital syphilis. I requested the woman to notify the family that the nurse might infect her nursling. The foster-child's grandmother was interviewed. She replied that *their* baby was doing well, and that it would be impossible to inform the nurse of her infant's illness! October 26th the baby died. The grandmother was seen again. This lady would not authorize a simple burial, but told the woman who had boarded the baby to get a certificate of death from me, and then take the dead baby in her arms to the Morgue! This is the most revolting of many shocking occurrences which have come to my notice. Here, again, the mother of a syphilitic child was selected as a healthy wet-nurse.

Very often these poor little waifs do not receive a decent burial, but are placed in a coffin of unplanned boards, and are carried away in a wagon and buried—who knows where? Perhaps nowhere! As far as I have been able to learn the mother is never allowed to attend the funeral of her child; she is not even informed of its death

until after its remains are disposed of. This alone is most demoralizing.

It is almost unknown for one of these women to be retained in the family as an ordinary servant after her duties as wet-nurse have expired. It stands to reason that the indolent life which she has led, accompanied by every attention, almost always unfits her for the position of a common servant.

Thus she is not only bribed to forsake her child but she is unfitted to occupy that position in life she formerly held. None of a wet-nurse's experiences tend in the least degree to work reform in her. During the nine months to a year that she is acting as wet-nurse her only companions, when away from the house of her employer, are other wet-nurses whom she meets in the public parks, or girls with whom she was thrown in the institution or at the house of the midwife where her confinement took place. Thus in this capacity the facilities for acquiring knowledge of crime are so great that it is the very life to be avoided. By the time she is discharged from her position she is generally ready for another experience, and looks upon nursing as a business. Many of these women return to the institutions for a second and third confinement, with the expressed intention of going again as wet-nurse.

People make the employment of wet-nurses a charity?

It is said that these fallen women *must* take the situation as wet-nurse in order to support their children. This motive is put in the foreground in order that the selfishness of the real motive may be hidden.

In the Thirty-second Annual Report of the Nursery and Child's Hospital, 1886, I find the following: "One great difficulty we labor under is the want of wet-nurses.

. . . Women, in the station they occupy, are seldom found with the maternal instinct strong enough to induce them to remain and nurse their own infants, when they can obtain high wages and enjoy the luxurious life of a wet-nurse in a private family." At Randall's Island

Hospital the physician in charge said : " Practically we have not a wet-nurse for the foundlings, though we use every effort to have the children suckled."

Artificial feeding in institutions is the unavoidable outcome of wet-nursing in private families. There should be a law prohibiting these women from going from institutions as wet-nurses in private families ; every healthy woman so placed should nurse, if necessary, two children, and the death-rate in infants would then fall more than fifty per cent. within the first year.

The following extracts prove that the nursing of two babies may succeed : " Each generally nurses one, and takes care of two babies in *addition* to her own. . . . Some of these have had enough breast-milk to be able to feed two babies without giving artificial food at all, and others have had to give but *very little* artificial food in addition to their breast-milk." ¹

The Fourteenth and Fifteenth Annual Reports of the institution (Massachusetts Infant Asylum) show that this plan continues to be successful.

If people will have a wet-nurse, they should have her bring her own child with her. This would give the two children an equal chance for life. The wet-nurse having her own baby at her breast, it would be an inducement to her to take care of her health ; in fact, I believe that the death-rate of foster-children would be less if this plan were adopted than it is when the wet-nurse is separated from her child. If the wet-nurse's child is to be artificially fed, the mother of the foster-child ought to see and know that it is properly done, and she should make herself personally responsible for its life.

In speaking of reforming these women, a lady of large experience with them writes thus : " These women should be made to nurse their own infants." ²

There are institutions where these unfortunate girls

¹ Sixth Annual Report of the Massachusetts Infant Asylum, 1873, p. 20.

² Thirty-second Annual Report Nursery and Child's Hospital, p. 25. New York, 1886.

will be received with their children, provided they will assist in the care of other children until such time as they are able to support their children as well as themselves by honest labor. The child then becomes the mother's strongest moral tie. If the woman wishes to relinquish all claim to her child, there are institutions where it will be received, and no questions asked ; and she is free to return to her home, where she is far more likely to reap the benefits of moral reform than she would be if she were to take the uncertain and degrading position of a wet-nurse.

Influence of wet-nurse in family. The wet-nurse is generally a young woman who has become illegitimately pregnant. Should we receive such a person as an upper servant in our family, and give her the care of, and allow her to become the foster-mother to, our child ? Is this a proper example for the other servants ? Their mothers would not allow them to associate with this woman, but in our houses they are made to feel that she occupies a place superior to theirs, with much higher wages, better clothing, and no heavy work ; they must wait on her, in fact, everybody must acquiesce in her every whim, "for the sake of the baby." Is it not an incentive to vice to treat them thus ? Is not this discouraging virtue and rewarding prostitution ?

Influence on foster-child. Has the individual character of the nurse an influence on the future disposition and character of the child ? If the milk of a woman under the influence of unusual emotion will induce restlessness, and even convulsions, in her nursling, do not all her feelings, passions, and emotions affect it ?¹ Apart from, and beyond this, the life of the foster-mother is the child's life. The formation of character begins at

¹ "In the selection of a wet-nurse attention should also be given to her mental and moral habits. Cheerfulness, affection, veracity, and a proper appreciation of the responsibility of her situation enhance greatly the value of a wet-nurse. Not less important are habits of temperance and cleanliness. *I could cite cases of the most melancholy results from the absence of these traits*" (J. Lewis Smith, p. 47, 1886).

birth. One who has lived with children, and carefully studied the development of character in them, will not fail to perceive that the influences of the first year are of as much, or perhaps more, importance than any other in their lives. Impressions then made, and feelings then formed, are ineradicable.

The following cases show that the individual character of the wet-nurse influences the future habits and character of the child. A medical student gave me this instance: His brother has four children, all boys; the first two and the youngest were nursed by their mother. The third was nursed by a young Irishwoman. He is entirely different in habits and in character from any of his brothers, exhibiting very decided Irish traits, which are so marked that they are noticed by all the friends of the family, even though they do not know of his having been wet-nursed. A second case is one in which a mother had four sons. She nursed three, but had an Italian wet-nurse for the youngest, who suckled the child for over a year. The four brothers are now men. The mother says her youngest son is different from his brothers, that he is of a more secretive disposition, and that he has traits acquired from his Italian wet-nurse. Another case of particular interest that has already been recorded¹ is that of twins, one nursed by the mother, the other wet-nursed. These children showed traits of character diametrically opposite, the evil habits of the child who was wet-nursed being clearly traceable to the foster-mother.

The practice of wet-nursing is now becoming so customary that even before the child is born the wet-nurse is spoken of; and the physician, who too readily falls in with his patients' unnatural and unfeeling impulse, makes inquiries and arrangements for the fulfilment of it. This has actually occurred in the practice of reputable physicians in this city, where the mothers were in excellent health.

¹ London Lancet, 1867, vol. ii., p. 30.

It was decided before the birth of the infant king of Spain that the royal mother should not nurse her child. The London *Lancet*, commenting on this, says: "The royal mother was not to be allowed the natural privilege which is properly so prized by most mothers of lower degree—would that we could say so of all! But when royalty sets the fashion, what wonder is it that others, with no public or extra domestic duties whatever to attend to, and so entirely without excuse, hasten to depute the mother's duty to a stranger." ¹

That noble woman, the Queen of England, was nursed by her good German mother, the Duchess of Kent; and Victoria, in her turn, has watched and guarded over nine children as a true and loyal mother should.

It is an historical fact that the mother of Louis IX. of France suckled and brought up all her children. During an illness under which the queen labored, her infant son was placed at the breast of one of her ladies of honor; upon seeing it, the royal mother called for the young prince, put her finger into his mouth, and caused him to vomit the milk he had just swallowed, exclaiming, "Do you suppose that I shall suffer any one to take from me the title and office of mother, which God has given me?" She then placed the child to her own breast, and nursed him, notwithstanding her illness.

With these and other salutary examples before her, the unnatural mother of to-day will stand unconcernedly by and watch her child while it draws the breast of the lowest grade of her sex.

The cry, "I have no milk; I cannot nurse my baby!" is not limited, as it once was, to the upper classes; it is found in the mouths of the poor as well, owing to the force of example, and it is common for women in blooming health to bring to my dispensary class their sick babies, with their bottles, all giving this same excuse.

¹ London *Lancet*, May 29, 1886, p. 1035.

The lives of nine-tenths of the wet-nursed children are purchased at the expense of the lives of other children. The practice, therefore, of placing children to dry-nurse, either in families or in institutions, in order that the mother may go as wet-nurse, is iniquitous.

It is inexcusable and indefensible under any circumstances. It is the deliberate starvation of one child that another may live.

It is lamentable that a system so pernicious and injurious to the best interests of society should be tolerated, and even encouraged, by the most eminent and honorable members of the medical profession.

Briefly, then, we usually select a hireling to perform the mother's most sacred duty; one who occupies the lowest place in the social scale and in whom there is an absence of the moral qualities; usually one who has been, in some degree at least, a prostitute; one who can forsake her own child and take a stranger's to her breast; one who can witness the gradual starvation and death of her own child, and who may be a double murderess by poisoning her foster-child with opiates or alcohol! If, after being nourished from such a fountain, our child is perverse, froward, insolent, and has no regard for truth, who is accountable? Is not the mother who deprived him of her own pure, untainted breast, and who purchased for him instead a polluted and debauched stream?

It has been said that wet-nurses are a necessary evil. I believe them to be an *unnecessary* and unmitigated evil; moreover, I believe, with certain rare exceptions, their employment should be suppressed.

